

GARLAND HEALTH DEPARTMENT

Construction and Equipment Standards for Food Service Establishments

CLASS 4

FOOD SERVICE ESTABLISHMENTS



GARLAND

HEALTH

1720 Commerce St.
Garland, TX 75040
Phone: (972) 205-3460
Fax: (972) 205-3505

The Garland Health Department is pleased to provide owners and operators with this comprehensive listing of structural standards for proposed food service establishments. The standards are provided for each class of establishment and are dependent upon the type of food products conveyed and the degree of preparation involved.

It is obvious that a food establishment is more likely to be maintained in a sanitary condition if the structure is properly designed, durable, and can be expeditiously cleaned. Additionally, in a properly designed establishment, food service sanitation inspections can focus on those more important items such as temperature control, food handling techniques, and general quality control rather than problems of deteriorated structures and equipment which are difficult to repair after the establishment is open for business. It is our hope that this listing of structural standards will result in a monetary savings by providing you with an establishment that can be easily and rapidly cleaned as well as durable, thereby minimizing maintenance requirements.

While we have made a concerted effort to provide the reader with as much detail as possible, we understand that questions may arise. If so, we ask that you do not hesitate to call an Environmental Health Specialist at (972) 205-3460 who will be most happy to discuss your proposed operation in detail.

We sincerely wish you the best in your endeavor!

City of Garland
Health Department
Environmental and Consumer Health Division

GARLAND HEALTH DEPARTMENT

CONSTRUCTION AND EQUIPMENT STANDARDS
FOR FOOD SERVICE ESTABLISHMENTS

CLASS 4 - FOOD SERVICE ESTABLISHMENTS

A. Characteristics of Class:

Class 4 establishments must be limited to conveyance of prepackaged foods (including time/temperature control for safety food), but must be prohibited from preparation of time/temperature control for safety foods (TCS).

B. Examples of Class:

Convenience stores; produce markets, retail non-time/temperature control for safety food (NTCS) preparation, popcorn or soft drink conveyance at non-food facilities.

C. Floor Surface Requirements:

1. Grocery display/sales, utensil washing, mop sink, customer service, ice bagging areas, toilet rooms, and dry storage area must be sealed concrete, vinyl composition (VCT) tile, or equivalent with sealed floor/wall junctures as approved by the Health Department. The floor/wall interface must be sealed and coved with four (4) inch base of like material.
2. Walk-in cooler and freezer floors must be sealed concrete or better if all food is unopened, commercially pre-packaged.
3. Floors must be smooth, durable, and nonabsorbent, and must be maintained in a condition that facilitates thorough and rapid cleaning. Floors must be free of cracks, chips, holes, and deterioration.

D. Wall Surface Requirements:

1. Grocery display/sales, customer service area, dry storage area, and toilet room walls must be taped and bedded sheetrock painted with light-colored enamel or epoxy paint, or equivalent as approved by the Health Department.

2. Walk-in cooler and freezer walls must be smooth, easily cleanable, and capable of withstanding effects of low temperature and moisture (baked-on enamel coated steel, FRP panels, or equivalent as approved by the Health Department).
4. Three-compartment sink areas, mop sink and ice-bagging areas must have walls constructed of FRP panels or ceramic tile from the floor to three (3) feet above and adjacent to each sink. Handwash sinks must not require FRP or ceramic tile splash protection. Walls not subject to moisture must be painted, taped and bedded gypsum board or better.

E. Ceiling Surface Requirements:

1. Ceiling surfaces in areas subject to moisture (including but not limited to toilet rooms, customer service areas, utensil washing, mop sink area, and ice bagging area) must be of light color, smooth, relatively non-absorbent, and easily cleanable. Materials must be vinyl coated panels, taped and bedded sheetrock with light-colored epoxy or enamel paint, FRP panels, or equivalent as approved by the Health Department. Fibrous acoustical drop-in panels will suffice in non-moisture areas.
2. Walk-in cooler and freezer ceilings must be smooth, easily cleanable, and capable of withstanding effects of low temperature and moisture (baked-on enamel coated steel, FRP panels, or equivalent as approved by the Health Department).
3. Ceiling areas subject to moisture may not have wooden studs, joists, and rafters exposed.

F. Ventilation Requirements:

1. Areas of the establishment in which a commercial-style refrigerator or a storage freezer are operated, which are not opened continuously must be mechanically cooled to a maximum ambient room temperature of 100°F.
2. All toilets must have powered exhaust fans.

G. Floor Drain Requirements:

All toilet rooms must have a floor drain installed. Floor drains must not be required in existing food establishments. Floors must be graded to drain.

H. Sink Requirements:

1. All Class 4 establishments must install a service (mop) sink or curbed area with floor drain for wet floor cleaning and mop water disposal. This sink or curbed

area must be provided with hot and cold running water. Toilets, showers, and urinals may not be used as a service sink for mop water/liquid waste disposal.

2. A three-compartment, free-standing, stainless steel sink must be installed when utensil washing occurs, with basins large enough to allow immersion of the largest utensil. This sink must have hot and cold running water available to each sink basin.
3. A free-standing handwash sink must be installed in ice bagging areas. A handwash sink must also be required within or immediately adjacent to toilets.
4. Produce markets must install a commercial food waste grinder.

I. Vermin Control Requirements:

All holes cut in walls and ceilings for pipes or conduit must be sealed with plastic, caulk, steel wool, etc. for vermin proofing. Doors to exterior and to storage rooms must have no more than one-quarter inch (1/4") floor clearance. Receiving doors must be self-closing.

J. Equipment Specifications and Requirements:

1. Shelving in dry storage and grocery areas must be light colored epoxy or enamel painted wood if the storage area is not subject to moisture. Other surface materials for shelving must be approved by the Health Department.
2. Shelving in walk-in coolers and freezers must be stainless steel, epoxy-coated non-corrosive metal, or equivalent as approved by the Health Department. Sufficient six inch (6") high racks to keep all products off floor of cooler must be provided. Wood is prohibited as a shelving material in walk-in coolers and freezers.
3. All restroom doors must have self-closing devices.

K. Lighting Requirements:

1. Light bulbs must be shielded, coated, or otherwise shatter-resistant in areas where there is exposed food, clean equipment, utensils, and linens; or unwrapped single-service and single-use articles.
2. An infrared or other heat lamp must be protected against breakage by a shield surrounding and extending beyond the bulb so that only the face of the bulb is exposed.
3. Light intensities must be as follows:

- a. Working surfaces in food preparation and warewashing areas – 50-foot candles.
- b. Handwashing areas, service areas, equipment and utensil storage, toilet rooms, and inside equipment such as reach-in and under-counter refrigerators– 20-foot candles.
- c. Walk-in coolers/freezers, dry storage areas, and other areas and rooms during periods of cleaning – 10-foot candles.

Conditions for Issuance of Food Service Permit

1. Applicant must have completed all requirements specified in plan review process.
2. Applicant must have obtained approvals from Building Inspection and other appropriate city departments.
3. Applicants must have secured a Certificate of Occupancy from Building Inspection.
4. Applicant must have completed application for Food Service Permit and paid necessary fees. The annual permit fee is \$250.00.

Important Notice to Food Establishment Owners and General Contractors

*The express purpose of providing these standards and conducting comprehensive plan reviews is to ensure that a newly constructed or remodeled restaurant, convenience store, day care center, etc. is built in a manner consistent with Garland's Food Service Ordinance. Establishments **must** be constructed exactly as specified on approved plans. Any and all deviation from approved plans requires review by the Health Department. **Failure to gain approval of submitted materials and/or equipment may result in the delay of permit issuance.***

**GARLAND HEALTH
DEPARTMENT
FORMS**



FOOD SERVICE PERMIT APPLICATION

1720 Commerce Street
Garland, TX 75040
(972) 205-3460
(972) 205-3505 Fax

Mailing Address
Health Department
P.O. Box 469002
Garland, TX 75046-9002

OFFICE USE ONLY	
Fee:	_____
Permit:	_____
Class:	_____ Area: _____
Issue Date:	_____
Exp. Date:	_____
<input type="checkbox"/> Renewal	<input type="checkbox"/> Mgr. Chg. <input type="checkbox"/> New

REC'D BY/RECEIPT #:	

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Business Phone: _____ Total Number of Employees _____

Corporate Name: _____

Corporate Mailing Address: _____

If manager is not business owner, list name(s), address(es), and phone number(s) of owner(s), franchise holder(s), corporate supervisor(s), area manager or other responsible party:

Where would you like this application to be mailed to next year, Corporate or Business Address?

MANAGER INFORMATION

*Corporate representative cannot sign for the local store manager.
Permits will not be issued with corporate signature.*

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED. FAILURE TO COMPLY MAY DELAY ISSUANCE/RENEWAL OF PERMIT.

Manager's Name: _____

Manager's Address: _____

Manager's Home Phone: _____

Date Manager Was Employed At Present Store: _____

Texas Driver's License #: _____ Date of Birth: _____

Race: _____ Sex: _____

Manager's Normal Weekly Schedule: _____

I certify that the information provided above is complete, true and accurate to the best of my knowledge. I will also abide by all provisions of the City of Garland Health Code to the best of my ability.

Manager's Signature: _____ Date: _____